

FINAL RESULT OF A LORENZ OPERATION FOR CONGENITAL LUXATION OF THE HIP.*

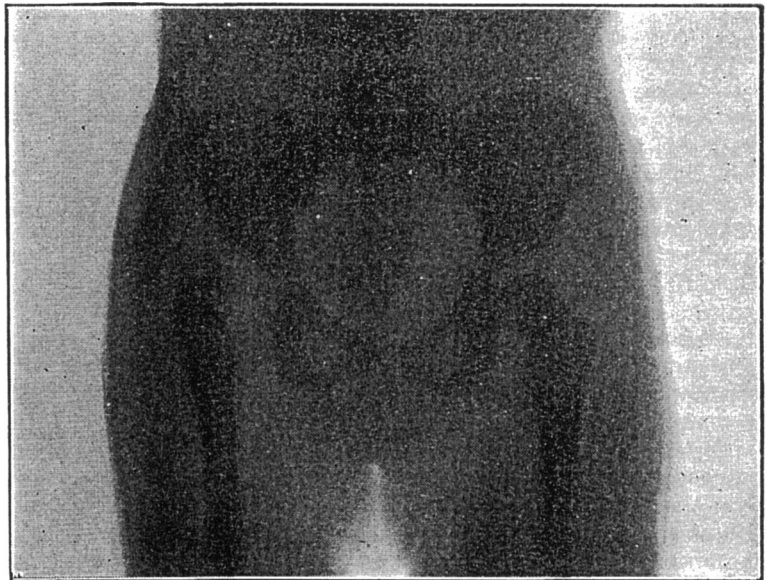
By EMMET RIXFORD, B. S., M. D., Professor of Surgery, Cooper Medical College.

DR. RIXFORD presented a case of Congenital Luxation of the Hip, showing the final result of Lorenz' operation, performed three years ago, giving the following clinical history:

M— O'B—, girl, aged 17 months, presented congenital luxation of the left femur in April, 1900, the head of the femur resting on the dorsum of the ilium. By the method of Lorenz reposition was made without great difficulty, and the pelvis and thigh enclosed in a firm plaster of paris spica. The child was very fat and very active, and soon after attempting to walk wriggled sufficiently inside the plaster to relaxate the hip. She was then brought again to the city and the dislocation again reduced and a new plaster spica adjusted with the thigh in adduction of 90°. Within a month luxation again occurred. It seemed impossible to hold the hip in position with a single spica. After two more trials, a double spica was applied with both thighs in abduction of 90° and posterior flexion of perhaps 5°. (The same position may be described as flexion of 90° and abduction of 95° on both sides.) This double spica was worn from November, 1900, to February, 1901, when it was removed, the child being comfortable and able to get about surprisingly well with the help of a chair. When the bandage was removed, the head of the bone was apparently in the acetabulum and extension of 30° to 40° could be made without pain and without relaxation. Taking no chances of relaxation, the double spica was replaced and worn till April 1st, making five months in double spica. A single spica was put on with the thigh extended, so that it was in position of 60° abduction. In June a spica was applied in 45° abduction in which the child could walk well. There was slight toeing outwards and some straddle, though the limp was slight. The parents said that she walked better in this spica than she did before the operation. In September, 1901, seventeen months after the operation, the plaster spica was finally removed. Extension was perfect, flexion was made without resistance to 90° and the function of the hip in walking was excellent.

The patient was not seen again till a few days ago. She is now four years old, walks without limp, does not even toe outward. Flexion, extension, abduction and adduction are normal and rotation nearly so, external rotation being about 5° greater than internal rotation. The trochanter on the luxated side is about a quarter of an inch higher above Nelaton's line than the right trochanter, but this may be partly accounted for by the twisting of the neck of the femur on the shaft, which is apparent in the radiograph taken a day or two ago. (Reproduction herewith.)

It was objected by Hoffa, to Lorenz' operation, that in many cases it resulted in transforming a posterior luxation into an anterior, in which position the function was good, though the



radiograph would show that the head of the bone was not in the acetabulum. There was question whether in this case the head of the bone was not in front of the acetabulum, but it would appear from the accompanying radiograph, as well as from the fact that the head of the bone can be felt, but is not unduly prominent, that it is in the acetabulum. Lorenz retorted when the above objection was made that it was a very desirable thing to have a perfect Roentgen radiograph, but that in default of it he preferred good function to a good picture. Certainly in this case the function is all that could be desired. There is neither

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patient, fitted with a snug suspensory, habitually walked away from the clinic one or two hours after the operation, returning on the fourth or fifth day, when he is discharged.

Eversion of the tunica vaginalis is singularly free from complications. In July, 1901, Longuet stated in a personal interview that after careful observation, extending over a period of two years, he had failed to find either atrophy or the slightest functional disturbance of the testicle. Not a single relapse was noted by him in his large number of cases.

The testicle may, in a small percentage of cases, remain partially immobilized during a few weeks; but, in the majority of instances, it is found freely movable as early as the sixth week. Several months subsequent to operation, palpation generally shows the retracted serosa at the upper pole of the testis; it then resembles in consistence, and partly in shape, a sclerosed epididymis. This fact was well illustrated in one of my patients, who was examined by a physician two months after a combined total epididymectomy and eversion of tunica, and informed of the existence of a tuberculous nodule involving the globus major of the epididymis.

Indications: Longuet's method will prove of signal service, first, in the majority of the numerous varieties of hydrocele and cysts of the cord; second, in cases where the surgeon desires to explore the tunica, testis or epididymis; third, in case of hernia with hydrocele; fourth, in conjunction with various operative procedures upon the testis or veins of the cord, and fifth, in acute vaginitis due to gonorrheal epididymitis.

Unlike total excision, eversion by Longuet's method does not require any special surgical training, and should prove acceptable to the most pusillanimous patient.

I have used eversion in eight cases, three of which were reported in the communication previously alluded to. The remaining five cases concern patients of various ages; fourteen years being the youngest, sixty-eight the oldest. In two cases, the sac contained about 400 cc. In two other cases, eversion was done in conjunction with epididymectomy and resection of the anterior group of varicose veins. No complications were noted in any case. Two patients were permitted to leave the city forty-eight hours after the operation, and required no further medical attendance, the metallic sutures having been removed. All of these cases have been followed and not the slightest ill-effect or sign of recurrence noted.

Conclusions: Compared with other radical methods, eversion by Longuet's methods excels in simplicity, rapidity and safety. Its immediate

effects are seldom sufficiently marked to confine the patient to bed. The late results are perfect.

Historical data: Controversy regarding questions of priority is generally uninteresting and sterile of positive results. Nevertheless, the prevailing complicated mode of calling operative procedures by their authors' names calls for reasonable accuracy in bibliographical research. The operation of eversion of the tunica vaginalis is known and described in several German and Eastern journals as "Winkleman's operation." This author's first publication appeared in the *Centralblatt f. Chirurgie*, November 5, 1898, i. e. three years after both Doyen and Jaboulay had published their extensive observations regarding the same procedure, and one year after the question had been discussed at the French Annual Surgical Congress. Winkleman further displays his disregard for bibliographic research by attributing to Von Bergmann the operation of total excision of the tunica vaginalis, which was performed by Celsus, in the first century, and subsequently by Albucassis, Fallopius, Dupuytren and Bardeleben.

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limp nor lordosis, and the patient can stand erect on the luxated leg without sagging of the pelvis.

Dr. Rixford said that this was the second case in which he had done the Lorenz operation of bloodless reposition, and that in the first case plaster spica was worn for three months only. The operation was done in November, 1899, and in March, 1901, a year and a half afterwards, Dr. Bessak of Forbestown was kind enough to examine the child and wrote that there was no shortening; that the child walked without limp and that he could not have determined by her gait which limb had been luxated.

Affiliation of county societies continues. Since the last number of the JOURNAL was issued the following named societies have become members of the State Society: Santa Barbara, Placer, San Joaquin, San Diego, Marin, Humboldt, Orange and Alameda.

Calcium Salts for Nervous Diseases.—Jacques Loeb of the State University Department of Biology claims to have discovered that muscular and nervous diseases, such as St. Vitus' dance, paralysis agitans, locomotor ataxia, and insomnia, can be cured by the administration of calcium salts. His conclusion is that the presence of calcium salts in the muscles prevents their twitching, and that their absence leads to the various nervous disturbances mentioned; hence the administration of calcium salts as the remedial measure.